

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005817

STATE FILE NUMBER

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 110

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau 2 days

c. FULL NAME OF (If NOT in hospital, give location)

St. Francis Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

JACKSON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

301 So. High

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Henry

Middle A.

Last Ueleke

4. DATE OF DEATH

Month Feb

Day 8

Year 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

6/5/1876

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY

Watch Repair

11. BIRTHPLACE (City and state or country)

Dutchtown, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry F. Ueleke

13b. MOTHER'S MAIDEN NAME

Anna Schlueter

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alvin Ueleke

Jackson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-23-55 to Feb 8, 1962 and last saw him alive on Feb 8, 1962

Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. H. Jaeger, M.D.

22b. ADDRESS

Jackson, Mo.

22c. DATE SIGNED

2-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/11/1962

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

23d. LOCATION (City, town, or county)

Jackson

(State)

Mo.

24. FUNERAL DIRECTOR

McCombs

ADDRESS

Jackson, Mo.

25. DATE RECD. BY LOCAL REG.

3-5-1962

26. REGISTRAR'S SIGNATURE

Drew Kasten

1961
MAR 7
VS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce A. Lockins

Licensed Embalmer No. 5097

P. O. Address Jackson - 1070

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.